

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN041 For the calendar year **2001** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

Due Date for CALENDAR year is on or before April 16, 2002 or the 15th day of the 4th month after the close of the taxable period.

FOR DRA USE ONLY

STEP 1
Please
Print or
Type

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS		
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		

STEP 2
Entity
Type and
Mailing
Informa-
tion

<input type="checkbox"/> ① INDIVIDUAL	<input type="checkbox"/> ③ PARTNERSHIP	} _____ % of NH Ownership Interest		
<input type="checkbox"/> ① JOINT	<input type="checkbox"/> ④ FIDUCIARY			
<input type="checkbox"/> Check here if you would like your forms mailed to an address other than the above. (See instructions)				
Number & Street Address		City/Town	State	Zip Code

STEP 3
Special
Return
Type

<input type="checkbox"/> Initial Return: Date established residency.....	Mo Day Year	<input type="checkbox"/> Amended Return: DO NOT use this form to report an IRS adjustment. See instructions.
<input type="checkbox"/> Final Return: Date abandoned residency.....	Mo Day Year	
<input type="checkbox"/> Final Return Deceased taxpayer: SSN _____	Date of Death _____	
	Mo Day Year	

STEP 4 COMPLETE STEP 4 NUMBERS 1 - 5 ON THE SECOND PAGE OF THIS RETURN BEFORE COMPUTING TAX**STEP 5**
Figure
Your Net
Taxable
Income

6 Gross Taxable Income (Page 2, Line 5).....	6		
7 Less: \$2,400 Individual, Partnership, and Fiduciary; \$4,800 Joint.....	7		
8 Adjusted Taxable Income (Line 6 less Line 7).....	8		
<input type="checkbox"/> Check here to be removed from mailing list			
9 Deduction for Contribution to Qualified Investment Capital Company (see instructions).....	9		
<input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) or disabled _____ <input type="checkbox"/> Spouse 65 (or over) or disabled _____			
10 Check the exemptions that apply above: Total number of boxes checked _____ x \$1,200= _____	10		
11 Net Taxable Income (Line 8 less Lines 9 and 10).....	11		

STEP 6
Figure
Your
Tax,
Credits,
Interest
and
Penalties

12 New Hampshire Interest and Dividends Tax (Line 11 x 5%)	12		
13 Payments: (a) Tax paid with Application for Extension.....	13(a)		
(b) Payment from 2001 Declaration of Estimated Tax.....	13(b)		
(c) Credit carryover from prior years.....	13(c)		
(d) Paid with original return (Amended returns only).....	13(d)		
14 Balance of Tax Due (Line 12 less Line 13).....	14		
15 Additions to Tax: (a) Interest (See instructions).....	15(a)		
(b) Failure to Pay (See instructions).....	15(b)		
(c) Failure to File (See instructions).....	15(c)		
(d) Underpayment of Estimated Tax (See instructions).15(d)	15		

STEP 7
Balance
Due or
Over-
payment

16 Total Balance Due (Line 14 plus Line 15) Make check payable to: State of New Hampshire.....	16		
Enclose, but do not staple or tape, your payment with this return.			
17 OVERPAYMENT (Line 13 less Line 12 adjusted by Line 15, if applicable)...	17		
18 Amount of Line 17 to be applied to: (a) Your 2002 tax liability.....	18(a)		
(b) Refund - Please allow 12 weeks for processing.....	18(b)		

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature (in ink) _____ Date _____ Signature (in ink) of Paid Preparer Other Than Taxpayer _____

If joint return, **BOTH** husband & wife must sign, even if only one had income. Date _____ Preparer's Tax Identification Number _____ Date _____MAIL
TO:NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2072 OR 2D: PO BOX 1201
CONCORD NH 03302

Preparer's Address _____

City/Town, State, & Zip Code _____

REPORT OF INTEREST AND DIVIDENDS INCOME

TAX YEAR 2001

STEP 4**1 From Your Federal 1040 Income Tax Return: (Partnerships and Fiduciaries, See Instructions)**

(a) Interest Income. Enter the amount from Line 8(a) of your federal return..... 1(a)

(b) Dividend Income. Enter the amount from Line 9 of your federal return..... 1(b)

(c) Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return..... 1(c)

(d) Subtotal Income [Sum of Lines 1(a), 1(b) and 1(c)]..... 1(d)

2 List actual Cash and Property Distributions From S-Corporations, Partnerships and Fiduciaries:

Entity codes: 2="S" Corporations; 3=Partnerships; 4=Trusts or Estates; 5=Other

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

2 Total Distributions..... 2

3 Subtotal Sum of Lines 1(d) and 2..... 3

4 List payers and amounts of interest and/or dividends NOT TAXABLE to NH included on Line s 1(a), 1(b), 1(c), and/or 2:

I REASON CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT
4(a) Subtotal of non-taxable income above			4(a)
4(b) Total non-taxable form supplemental schedule (attached)			4(b)
4(c) Non-taxable subtotal of Lines 4(a) and 4(b)			4(c)
4(d) Part-year resident non-taxable pro-rata share			4(d)

4 **Total Non-Taxable Amount** [Sum of Line 4(c) and Line 4(d)]..... 4(e)5 **Gross Taxable Income** [Line 3 minus Line 4(e)]. ENTER THIS AMOUNT ON STEP 5, LINE 6 of this return..... 5